


AD-143 (Rev. 8-01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and Complaint was made by nte ¹	DATE	2/22/2008
Name of SERVER NICHOLAS MORSE	TITLE	INVESTIGATOR
Check one box below to indicate appropriate method of service		
<input checked="" type="checkbox"/> Served Personally upon the Defendant. Place where served: KERN COUNTY SHERIFFS DEPARTMENT BUILDING A.		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:		
<input type="checkbox"/> Returned unexecuted:		
<input type="checkbox"/> Other (specify):		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on	<u>2/22/2008</u> 1022 hrs. <small>Date</small>	 <small>Signature of Server</small>
		<u>1315 TRUXTON AVE, 93301</u> <small>Address of Server</small>
<small>(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure</small>		

AO 400 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

2/2/08

Name of SERVER

Holly Cooper

TITLE

Attorney

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:

Joseph Russniello (agent Tiffani Chiu)
450 Golden Gate Ave 11th Floor
San Francisco, CA 94102

Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/21/08

Date

Signature of Server

One Shields Ave. TB 30 Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

(Rev. 8-01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

2/2/08

Name of SERVER

Teresa Medina

TITLE

Office Manager

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify): By Certified mail. I am familiar with the Immigration Law Clinic's and UC Davis School of Law's business practice for the collection and processing for certified mail with the US Postal Service. Such correspondence will be deposited with a facility regularly maintained by the US Postal service for receipt of certified mail.

Donny Youngblood, 1350 Norris Rd.
Bakersfield, CA 93308

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/20/08
Date

Signature of Server

Immigration Law Clinic
One Shields Avenue, TB-30
Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

Rev. 8/01 Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

2/2/08

Name of SERVER

Teresa Medina

TITLE

Office Manager

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify): By Certified mail. I am familiar with the Immigration Law Clinic's and UC Davis School of Law's business practice for the collection and processing for certified mail with the US Postal Service. Such correspondence will be deposited with a facility regularly maintained by the USPostal service for receipt of certified mail.

Michael Chertoff, USDHS, Washington DC

STATEMENT OF SERVICE FEES

265.28

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/20/08

Date

Signature of Server

Immigration Law Clinic
One Shields Avenue, TB-30
Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

Rev. 8/01 Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me:

DATE

2/2/08

Name of SERVER

Teresa Medina

TITLE

Office Manager

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify): By Certified mail. I am familiar with the Immigration Law Clinic's and UC Davis School of Law's business practice for the collection and processing for certified mail with the US Postal Service. Such correspondence will be deposited with a facility regularly maintained by the USPostal service for receipt of certified mail.

Michael Mukasey, 950 Pennsylvania Ave NW

STATEMENT OF SERVICE FEES

Washington, DC 20530-0001

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/20/08

Date

Signature of Server

Immigration Law Clinic
One Shields Avenue, TB-30
Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

Rev. 8/01 Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

2/2/08

Name of SERVER

Teresa Medina

TITLE

Office Manager

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify): By Certified mail. I am familiar with the Immigration Law Clinic's and UC Davis School of Law's business practice for the collection and processing for certified mail with the US Postal Service. Such correspondence will be deposited with a facility regularly maintained by the USPostal service for receipt of certified mail.

Nancy Alcantar, 630 Sansome St, room 540

STATEMENT OF SERVICE FEES

San Francisco, CA 94111

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/20/08

Date

Signature of Server

Immigration Law Clinic
One Shields Avenue, TB-30
Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

Rev. 8-01 Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

2/2/08

Name of SERVER

Teresa Medina

TITLE

Office Manager

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify): By Certified mail. I am familiar with the Immigration Law Clinic's and UC Davis School of Law's business practice for the collection and processing for certified mail with the US Postal Service. Such correspondence will be deposited with a facility regularly maintained by the US Postal service for receipt of certified mail.

Joseph Russonjello, 450 Golden Gate Ave, 11th Floor

STATEMENT OF SERVICE FEES

San Francisco, CA 94102

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

2/20/08
Date

Signature of Server

Immigration Law Clinic
One Shields Avenue, TB-30
Davis, CA 95616

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

U.S. Postal Service™
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OFFICIAL USE

Postage	\$ 1.65
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Law Clinic

Mailed From 95616 02/15/2008 \$500.00 01616502916

Sent To **DONNY YOUNG BLOOD**
 Street, Apt. No., or PO Box No. **1350 NORRIS RD.**
 City, State, ZIP+4 **BAKERSFIELD, CA 93308-2231**

PS Form 3800, June 2002 See Reverse for Instructions

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Mailed From 95616 02/15/2008 \$500.00 01616502916

Sent To **MICHAEL CHERTOFF**
 Street, Apt. No., or PO Box No. **U.S. DHS**
 City, State, ZIP+4 **WASHINGTON DC. 20528**

PS Form 3800, June 2002 See Reverse for Instructions

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Mailed From 95616 02/15/2008 \$500.00 01616502916

Sent To **MICHAEL MKKASEY**
 Street, Apt. No., or PO Box No. **950 PENNSYLVANIA AVE., N.W.**
 City, State, ZIP+4 **WASHINGTON D.C. 20530-0001**

PS Form 3800, June 2002 See Reverse for Instructions

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Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Mailed From 95616 02/15/2008 \$500.00 01616502916

Sent To **NANCY ALCANTAR**
 Street, Apt. No., or PO Box No. **630 Sansome St., Rm. 590**
 City, State, ZIP+4 **SAN FRANCISCO, CA 94111**

PS Form 3800, June 2002 See Reverse for Instructions

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

OFFICIAL USE

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.45

Mailed From 95616 02/15/2008 \$500.00 01616502916

Sent To **JOSEPH RUSSONIELLO**
 Street, Apt. No., or PO Box No. **450 GOLDEN GATE AVE - 11th Fl.**
 City, State, ZIP+4 **SAN FRANCISCO, CA 94102**

PS Form 3800, June 2002 See Reverse for Instructions

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy Alcantar
Field Office Director, SF
630 Sansome St, Rm. 590
San Francisco, CA 94111

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7003 1680 0001 2987 2116

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Samuel L. Parker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: Michael Mukasey Attorney General U.S. Department of Justice 950 Pennsylvania Ave, N.W. Washington D.C. 20530-0001</p>		<p>B. Received by (Printed Name) FEB 20, 2008</p>	
		<p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7003 1680 0001 2987 2130</p>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

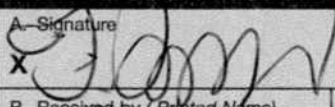
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Civil Process Clerk
Joseph Russonicklo
Office of US Attorney
450 Golden Gate Ave 11th Fl.
San Francisco, CA 94102

2. Article Number
(Transfer from service label)
7003 1680 0001 2987 2123

A. Signature
X 

☐ Agent
☐ Addressee

B. Received by (Printed Name)
F. Annunzio

C. Date of Delivery
2-17-08

D. Is delivery address different from item 1?
If YES, enter delivery address below:

☐ Yes
☐ No

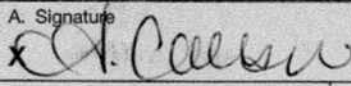
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </p>	
<p>1. Article Addressed to:</p> <p>Donny Youngblood Kern County Sheriff's Office 1350 Norris Rd. Bakersfield, CA 93308-2231</p>		<p>B. Received by (Printed Name) HILLENKAMP</p>	<p>C. Date of Delivery 2/20/08</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7003 1680 0001 2987 2109</p>			
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

CERTIFICATE OF SERVICE

ANA BIOCINI,
A 91 182 333, an individual,
Petitioner,

vs.

**MICHAEL MUKASEY, in his official
capacity as Attorney General of the United
States; MICHAEL CHERTOFF, in his
official capacity as Secretary of the
Department of Homeland Security;
NANCY ALCANTAR, in her official
capacity as San Francisco Field Office
Director of U.S. Immigration and Customs
Enforcement, Detention and Removal;
DONNY YOUNGBLOOD, in his official
capacity as Sheriff of Kern County Sheriff's
Department and Lerdo Detention Facility,**

Respondents.

Case No.: CV 08 – 0885 SI

My business address is UC Davis Immigration Clinic, One Shields Avenue, TB-30, Davis, California 95616. I am employed in the County of Yolo. I am over the age of 18 years and not a party to the above named action.

On February 26, 2008, I served a copy of Proof of Service of Summons and accompanying attachments on the interested parties in said action addressed as follows:

Michael Chertoff
Office of the General Counsel
U.S. Department of Homeland Security
Washington, DC 20528

Joseph Russoniello
Office of the U.S. Attorney
450 Golden Gate Ave. 11th Floor
San Francisco, CA 94102

Michael B. Mukasey
Attorney General
U.S. Department of Justice
950 Pennsylvania Avenue, N.W.
Washington D.C. 20530-0001

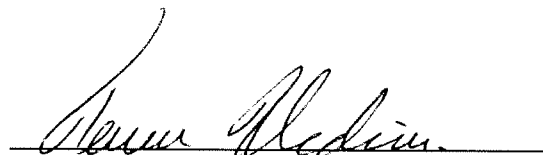
Nancy Alcantar
Field Office Director, San Francisco
630 Sansome Street, Rm. 590
San Francisco, CA 94111

Donny Youngblood
Kern County Sheriff's Office
1350 Norris Road
Bakersfield, CA 93308-2231

by United States Postal Service by placing a true and correct copy of the documents listed above enclosed in a sealed box fully prepaid in the United States at Davis, California.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed on February 26, 2008 in Davis, California.


Teresa Medina